PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Pike General Contracting, Inc
P98000055498

REINSTATEMENT 00-03

2. Principal Office Address	3. Mailing Office Address
133 W. 6th Ave	133 W. 6th Ave
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Mt. Dora Fl	City & State Mt. Dora Fl
Zip 32757 Country USA	Zip 32757 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/22/1988

5. FEI Number 593517135 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Edward Mueller

Street Address (P.O. Box Number is Not Acceptable): 133 W. 6th Ave

Suite, Apt. #, Etc.: N/A

City: Mt Dora State: FL Zip Code: 32757

000024950180
11/24/03--01021--016 **120.75
1208.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Edward Mueller Date: 11/19/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ⓓ Edward Mueller	133 W. 6th Ave Ⓓ	Mt Dora Fl 32757
VP	Ⓓ Edward Mueller	133 W. 6th Ave Ⓓ	Mt. Dora Fl 32757
Treas	Ⓓ Edward Mueller	133 W. 6th Ave Ⓓ	Mt Dora Fl 32757
Sec	Ⓓ Edward Mueller	133 W. 6th Ave Ⓓ	Mt Dora Fl 32757

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Edward Mueller 12/19/03 11/19/03 3526368809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #